

YOUTH EMPLOYMENT APPLICATION

Youth Leadership Position – Ages 16-24 \$7.00 an hour, a minimum of 6 hours a week, and a 9-month commitment

For more information please contact:

Lovelee Heller at 617-625-6600 x4322 or lheller@ci.somerville.ma.us
Please Return Application to: SCAP, 50 Evergreen Avenue, Somerville, MA 02143

GENERAL INFORMATION

9-1	
Date of application:	APPLICATION DUE BY 9/22/2004
First Name:	Last Name:
Address:	City:
State:	Zip Code:
Telephone:	Email:

How did you hear about us?

Advertisement:	Friend/Relative:	Community:
School:	Youth Org.:	Other:

EDUCATIONAL BACKGROUND

Name of School:	Address:
Last Grade Completed:	Classroom Teacher:
Guidance Counselor:	Clubs:

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members)

Name	Telephone Number	Best Time to Call	Occupation	

WORK/VOLUNTEER EXPERIENCE

Job/Volunteer Position:	Employer/Organization:
Address:	Telephone:
Email:	Supervisor:
Dates Employed:	Work Performed:
Reason for Leaving:	May we contact?

Job/Volunteer Position:	Employer/Organization:
Address:	Telephone:
Email:	Supervisor:
Dates Employed:	Work Performed:
Reason for Leaving:	May we contact?

Please lis	Please list any experience or training that would qualify you for this position.						
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Have you	i ever work	ea wiin you	un before?	Please explai	n brieffy.		
Please lis	st your activ	ities, hobbi	es, and inte	erests.			
Activities							
Hobbies:							
Interests:							
Have you	ı ever heen	involved w	ith Somerv	ille Cares Abo	ut Preventic	n? (Evnlai	in)
Trave you	i ever been	IIIvoived w	itii Somei v	ine cares 7100	ut I ieventie	ni: (Expia	···· <i>)</i>
AVAILA	BILITY	_	1	1	1	1	_
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times							
ESSAY							
	rite a short	essay expla	ining why y	ou would like	this Peer Le	eadership r	osition, in
	provided.	7 1				1 1	,

Signature of Parent or Guardian of Applicant (if under 18 years old):

Signature of Applicant: